



**DEPARTMENT OF EDUCATION  
Clinical Teaching Recommendation Form**

**Do you think the applicant is suited for Teacher Certification?**

**& R P P H R O O Q R I W K C H E R Y D I F W R K I D W E W D X S R W K C H S S O L I D E Q W I R W \**  
successful as a classroom teacher including scholarship, motivation, enthusiasm,  
interpersonal skills, adaptability, resourcefulness and communication skills.

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**How long have you known the applicant?** \_\_\_\_\_

**In what capacity?** \_\_\_\_\_

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